

July 26, 1996

MEMORANDUM FOR THE RECORD

RE: Meeting with Dr. Richard Klausner Regarding NCI/DOE Chernobyl Projects

On July 24, 1996, Elaine Gallin and I met with Dr. Richard Klausner, Director of the National Cancer Institute (NCI), along with Drs. Faye Austin and Joseph Fraumini from the NCI. Our discussion focused on issues related to budget, management, and interagency relations between NCI and DOE in support of studies in the Ukraine and Belarus of the health effects of radiation exposures following the Chernobyl accident of 1986.

The meeting was called at my request for the purpose of making clear at the highest level of NCI, our problems and concerns with regarding the Chernobyl studies.

I started the meeting by indicating DOE's clear commitment to support these studies through the NCI. I explained that as the principal advocate for this program before Congress, we were facing increasing budgetary scrutiny and downward pressures in our budget at the same time that the thyroid studies are about to "ramp up" and a new leukemia protocol is about to be signed.

Dr. Klausner replied that NCI is committed to these projects and has had no problems attracting congressional support for its programs. He indicated that he would be willing to work with us and directly with congressional staff to ensure adequate budgetary support for these projects in the coming fiscal cycles. I took him up on the offer.

We discussed budgetary issues. I expressed our concern that there are inadequate resources to conduct these studies for fiscal year (FY) 1997 and FY 1998. Dr. Austin indicated that, based on NCI's projections for the costs of these projects, that adequate resources are available and that DOE's proposed FY 1997 budget of \$1.2 M was adequate. Dr. Klausner charged Dr. Austin and her staff to come up with a defined budget for this work for FY 1997 that resolves the perceived differences between NCI and DOE over how much money is needed for these studies.

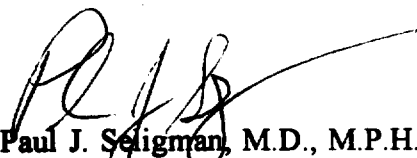
Regarding management of the projects, Dr. Klausner felt that using a contractor was the best management strategy and that NCI uses contractors extensively in other settings for this kind of work. I indicated that we have no objection to using a contractor as long as the necessary financial information and reports on progress of the studies were provided to DOE. Dr. Austin expressed confidence in the new project officer for the NCI who has been designated to run this project.

Both parties agreed that we need a clear delineation of our respective roles and responsibilities. Drafting a revised interagency agreement will resolve these issues. NCI is taking the lead on a first draft of a new IA.

We both agreed that this is a difficult time for the projects and that our mutual commitment to working together and frequent communication is vital to avoid misunderstandings and problems until a functioning management structure is in place.

Bottom line:

1. DOE and NCI will sign a leukemia protocol with appropriate changes in the management section of the protocol to reflect NCI's roles and responsibilities as co-signator of the agreement. NCI needs to provide DOE with budget numbers for FY 1997 to assure us that adequate resources are available to support the commitment made by signing the protocol.
2. NCI will provide an interim plan for managing the projects by the first week of September until a contractor is in place (about one year) to assume management of the project.
3. NCI will develop a draft scope of work for a management contractor for DOE comment. Our interest in the contract is only that we receive the needed information to be accountable for monies being spent and progress being made on the projects.
4. Responsibility for the management of these projects will be centralized in the NCI's project officer.
5. NCI will co-share with DOE the advocacy responsibilities for this program in Congress.
6. NCI will make decisions regarding the scope of various projects and which projects can be accomplished within the resources provided from the three agencies (NCI, DOE, and NRC).



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